

GENERAL FACT SHEET

BILL NUMBER 13R-116

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Supply - Antifreeze - StarTran Quote No. 4416		Multiple Year Contract

DETAILS

POSITIONS/RECOMMENDATIONS

Resolution for Allied Oil and Supply Inc., to provide Antifreeze to StarTran, Public Works and Utilities Department as per Quote No. 4416 for two (2) years beginning at the execution of the contract. This service is to supplement StarTran paratransit operations in order to meet applicable ADA requirements. The estimated cost is \$3,318.28/year for a total of \$6,636.56 for the two (2) year period	Sponsor	Purchasing
	Program Departments, or Groups Affected	City of Lincoln StarTran, Public Works and Utilities
	Applicants/ Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

Resolution for Allied Oil and Supply Inc., to provide Antifreeze to StarTran, Public Works and Utilities Department as per Quote No. 4416 for two (2) years beginning at the execution of the contract. This service is to supplement StarTran paratransit operations in order to meet applicable ADA requirements. The estimated cost is \$3,318.28/year for a total of \$6,636.56 for the two (2) year period	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$
		RELATED annual operating Costs \$
		INCREASE REVENUE EXPECTED/YEAR \$
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %
BENEFIT COST <input type="checkbox"/> Front Foot Assessment Average <input type="checkbox"/> Square Foot \$ _____ \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER